



INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: EAST COAST AMBULANCE, LLC **DATE:** 05/31/202

APPLICATION FEE: \$100.00 APPLIES TO INITIAL APPLICATIONS ONLY.

If payment applicable, make check payable to INDIAN RIVER COUNTY FIRE RESCUE.

- ☒ This is a new application; fee is attached.
- ☐ This is a renewal of our present COPCN.
- ☐ This is a renewal of our present COPCN with ownership or classification changes.

I. CLASSIFICATION OF CERTIFICATE REQUESTED

Please check applicable boxes and options.

Class A ☐ ☐ BLS ☐ ALS

Governmental entities that use advanced life support vehicles to conduct a pre-hospital EMS ALS/BLS service.

Class B ☐ ☒ BLS ☒ ALS

Agencies that provide non-emergency ambulance inter-facility medical transport at the ALS/BLS level.

Class C ☐ ☒ BLS ☒ ALS

Agencies that provide non-emergency ambulance inter-facility medical transports which require special clinical capabilities and require a physician's order.

Class D ☐ ☐ BLS ☐ ALS

Agencies that provide non-emergency ambulance medical transports limited to out of county transfers.

Class E ☐ ☐ Wheelchair ☐ Wheelchair/Stretcher ☐ Ambulatory Transport

Agencies that provide wheelchair transportation service only where said services are paid for in part or in whole either directly or indirectly with government funds.

Class E1 ☐ ☐ Wheelchair ☐ Wheelchair/Stretcher ☐ Ambulatory Transport

Agencies that provide wheelchair vehicle service where said services are not paid for in part or in whole either directly or indirectly with government funds.

V. NOTARIZED STATEMENTS Fill in Statements as applicable.

E or E1 APPLICANTS

I, ANDREW PAPPAS, the representative of
Applicant Name

EAST COAST AMBULANCE, do hereby attest that the
Business Name of Service

above named service meets all the requirements of, and that I agree to comply with, all applicable provisions of Chapter 304, Life Support and Wheelchair Services.

A-D APPLICANTS

I, ANDREW OLD, MD, the representative of
Applicant Name

EAST COAST AMBULANCE, do hereby attest that
Business Name of Service

the above named service will provide continuous service on a 24-hour, 7-day week basis. I do hereby attest that the above named service meets all the requirements for operation of an ambulance service in the State of Florida as provided in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, Florida Administrative Code, and that I agree to comply with all the provisions of Chapter 304, Life Support Services.

ALL APPLICANTS

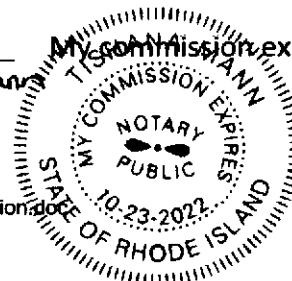
I further acknowledge that discrepancies discovered during the effective period of the Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty provided in the referenced authority and that to the best of my knowledge, all statements on this application are true and correct.

Andrew Pappas
APPLICANT SIGNATURE

6/7/2022
DATE

Before me personally appeared the said Andrew Pappas who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this 7th day of June, 2022.

[Signature]
NOTARY PUBLIC





EAST COAST AMUBLANCE RATES

Advanced Life Support	\$720
Advanced Life Support (ALS2)	\$780
Advanced Life Support (out of County)	\$720
Critical Care	\$1400
Mileage	\$15.01
Non-Emergent Transportation	\$675